NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED 2023-028792

2023 Oct 18 8:49 AM

RELEASE OF RECORDED LIEN 2022-025338 DATED 08/09/22

Hospital Reimbursement Services, Inc., agents for Franciscan Health Crown Point, for and in consideration of payment and/or benefits totaling \$7,500.00, the receipt of which is hereby

acknowledged, does release and discharge the Hospital Lien of Jody Burkhardt that how exists
acknowledged, does retease in the Hartford Insurance, as a result of Jody Burkhardt 's treatment, account number(s): 620599560 treatment date(s): 07/18/2022, arising out of an accident which
100
I have read the above Release and I hereunto set my hand and seal this day of
October 2013
Franciscan Health Crown Point
BY: Nal Tihear
Neil J. Greene, As Agent
Hospital Reimbursement Services, Inc.
Hospital Reimbursement Services, Inc., 250 Parkway Dr., Suite 168, Lincolnshire, II. 60069 Telephone 847-403-5870 Facsimile 847-403-5871 File No.: 22-374063
- O
STATE OF ILLINOIS))SS
COUNTY OF LAKE),
101/ // // / / / / / / / / / / / / / / /
On this day of About Sold before me personally
came Neil J. Greene, As Agent; for Franciscan Health Crown Point, known to me to be the
individuals who executed this Release and acknowledge that he/sne fully understands its contents and
freely executed same as his/her free and voluntary act.
Lhin Michille
CAME TO THE TOTAL OF THE TOTAL
Lake County OFFICIAL SEAL
DAWN M FIORITO
NOTARY FUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/16/24

25 279425 E an